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Application Number

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Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL Filing Date **FORM First Named Inventor** Nelson, James E. et al. (to be used for all correspondence after initial filing) Group Art Unit **Examiner Name** Attorney Docket Number 14144 Total Number of Pages in This Submission 35 **ENCLOSURES** (check all that apply) After Allowance Communication Assignment Papers Fee Transmittal Form to Group (for an Application) X Appeal Communication to Board X Drawing(s) Fee Attached of Appeals and Interferences Appeal Communication to Group Licensing-related Papers Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition After Final Proprietary Information Petition to Convert to a Provisional Application Affidavits/declaration(s) Status Letter Power of Attorney, Revocation Change of Correspondence Other Enclosure(s) (please Extension of Time Request identify below): Terminal Disclaimer New Specification Express Abandonment Request Request for Refund Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Remarks Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Autoliv ASP, Inc. Individual name Sally g. Br Signature 10/4/01 Date

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: Vickie Harris Typed or printed name 1 Ckre Date Signature

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

| (\$) 996.00 | (\$) | 99 | 96 | .00 |
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| Application Number | | | | | |
| Filing Date | | | | | |
| First Named Inventor | Nelson, James E. et. al | | | | |
| Examiner Name | | | | | |
| Group Art Unit | | | | | |
| Attorney Docket No. | 14144 | | | | |

| | METHOD OF PAYMENT | FEE CALCULATION (continued) | | | |
|--------------------|---|--|---------|--|--|
| ſ | 1. X The Commissioner is hereby authorized to charge indicated fees and credit any overnayments to: | 3. ADDITIONAL FEES | | | |
| | indicated fees and credit any overpayments to: Deposit | Large Small | | | |
| | Account Number 500532 | Lee Describiton | ee Paid | | |
| | Deposit Account Autoliv ASP, Inc. | Code (\$) Code (\$) 105 130 205 65 Surcharge - late filing fee or oath | | | |
| | Name Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17 | 127 50 227 25 Surcharge - late provisional filing fee or cover sheet | | | |
| İ | original of other first and the | 139 130 139 130 Non-English specification | | | |
| į | Applicant claims small entity status. See 37 CFR 1 27 | 147 2,520 147 2,520 For filing a request for ex parte reexamination | | | |
| | 2. Payment Enclosed: Check Credit card Money Other | 112 920* 112 920* Requesting publication of SIR prior to Examiner action | | | |
| 7 | Check Credit card Order Other FEE CALCULATION | 113 1,840* 113 1,840* Requesting publication of SIR after Examiner action | | | |
| 1111 | | 115 110 215 55 Extension for reply within first month | | | |
| There allows | 1. BASIC FILING FEE Large Entity Small Entity | 116 400 216 200 Extension for reply within second month | | | |
| | Fee Fee Fee Fee Description | 117 920 217 460 Extension for reply within third month | | | |
| | Code (4) | 118 1,440 218 720 Extension for reply within fourth month | | | |
| | 101 740 201 370 Utility filling fee 740 | 128 1,960 228 980 Extension for reply within fifth month | | | |
| | 107 510 207 255 Plant filing fee | 119 320 219 160 Notice of Appeal | | | |
| <u>.</u> | 107 510 207 253 Flain liling loc | 120 320 220 160 Filing a brief in support of an appeal | | | |
| Maril 1 | 114 160 214 80 Provisional filing fee | 121 280 221 140 Request for oral hearing | | | |
| | | 138 1,510 138 1,510 Petition to institute a public use proceeding | | | |
| 9 | | 140 110 240 55 Petition to revive - unavoidable | | | |
| 16.28 mm | 2. EXTRA CLAIM FEES Fee from | 141 1,280 241 640 Petition to revive - unintentional | | | |
| # 15 | Extra Claims below Fee Paid | 11 | | | |
| Ì | Total Claims 32 -20** = 12 × 18 = 216 | 143 460 243 230 Design issue fee | | | |
| | Claims Claims | 1 177 020 211 010 | | | |
| Multiple Dependent | | 122 100 122 123 | | | |
| | | 123 50 123 50 Processing fee under 37 CFR 1.17(q) 126 180 126 180 Submission of Information Disclosure Stmt | | | |
| | Fee Fee Fee Fee Description Code (\$) Code (\$) | 581 40 581 40 Recording each patent assignment per | 40 | | |
| | 103 18 203 9 Claims in excess of 20 | property (times number of properties) | | | |
| | 102 84 202 42 Independent claims in excess of 3 | 146 740 246 370 Filing a submission after final rejection (37 CFR § 1 129(a)) | | | |
| | 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims | 149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b)) | | | |
| | over original patent | 179 740 279 370 Request for Continued Examination (RCE) | | | |
| | 110 18 210 9 ** Reissue claims in excess of 20 and over original patent | 169 900 169 900 Request for expedited examination of a design application | | | |
| | SUBTOTAL (2) (\$) 216.00 | Other fee (specify) | | | |
| | **or number previously paid, if greater; For Reissues, see above | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)40. | 00 | | |

Complete (if applicable) SUBMITTED BY Registration No. Telephone 625-4934 Sally J. Brown 37,788 Name (Print/Type) (Attorney/Agent) Signature

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